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CONFIRMATION NO. 1226

<b>SERIAL NUMBER</b> 10/553,923	<b>FILING OR 371(c) DATE</b> 10/21/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 30-000610US
<b>APPLICANTS</b> Catherine Allieux, L'Isle-Adam, FRANCE; Egisto Boschetti, Croissy sur Seine, FRANCE; Virginie Brenac, Rueil Malmaison, FRANCE; Patrick Santambien, Paris, FRANCE; James Spencer, Frederick, MD;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/12062 04/19/2004 which claims benefit of 60/464,902 04/22/2003 <i>M</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>M</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/08/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>M</i>		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22798				
<b>TITLE</b> Methods of host cell protein analysis				
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	